

STATE CONTROLLER'S USE ONLY		
DOCUMENT NO.	DATE C C C C M M D D	MSG Code
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STATE OF CALIFORNIA  
OFFICE OF THE STATE CONTROLLER  
TRANSACTION REQUEST

STATE CONTROLLER'S USE ONLY	
TC Code	VERIFIED BY:
	DATE:

PAGE 1 OF 1

Agency:	Address:	Agency Document Number:
TYPE AGENCY NAME HERE	TYPE ADDRESS HERE	

																	D	SCO USE					SOURCE	
FUND	AGY	FY	M	REF / ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	SCO USE	REV / OBJ	AMOUNT	C	A	T	O	B	FUND		
DESCRIPTION					(DNKP) CHAPTER NUMBER/YEAR/ITEM										PROGRAM DESCRIPTION									
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TYPE OF TRANSACTION:	I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named State agency, department, board, commission, office or institution; that the within transfer is in all respects true, correct, and in accordance with all applicable provisions or restrictions in the Budget Act, Federal Regulations, or other statute pertaining to the particular appropriation.
LEGAL AUTHORITY AND REASON FOR REQUEST:	
AUTHORIZED SIGNATURE:	
CONTACT PERSON:	
E-MAIL FOR CONTACT:	DATE:

# INSTRUCTIONS FOR STATE CONTROLLER'S TRANSACTION REQUEST

1. Page: If multiple pages involved, please note here.
2. Agency: Enter name of agency submitting transaction.
3. Address: Enter address of state agency submitting transaction.
4. Agency Document Number: Assign a letter number for agency tracking.
5. Appropriation Data: Enter either the four (4) or seven (7) digit fund number, agency, fiscal year, reference, category or program in correct column. If applicable, fill in the federal catalog number, element, component, task or revenue/object code.
6. Amount: Enter the amount of your request. Please be sure to input amount in the proper decimal point position.
7. D/C Column: Enter whether this is a DEBIT (D) or a CREDIT (C). See chart below for guidelines.
8. "A" Column: Enter the appropriate account type. See chart below for guidelines.

COLUMN 7		COLUMN 8	
Increase	Decrease	Account Types	Account Description
Credit	Debit	<b>D</b>	Disbursing
Debit	Credit	<b>F</b>	Reimbursement or payable
Credit	Debit	<b>T</b>	Transfer
Credit	Debit	<b>R</b>	Revenue

9. Source Fund: If account is a reimbursement or payable, you must enter the four (4) or seven (7) digit source fund.

10. Description: The description field consists of 25 spaces. DO NOT input past the SOLID black line.

NOTE: The description for a Plan of Financial Adjustment MUST contain the following per SAM Section 8452.1:

- a. Month and year that the transfer is for.
- b. Whether the PFA is Actual or Estimated.
- c. Letter number (Optional).

**EXAMPLE: PFA ACTUAL JUL 96 LT 123**

**DO NOT USE ANY SPECIAL SYMBOLS IN THIS FIELD, i.e. #, : ' ; . ( )**

11. Chapter Number/Year/Item: Enter chapter number/year/item that authorizes transaction, or any applicable legal authority.
12. Program Description: Enter program description as identified in the Budget Act Item or Special Legislation Section code.

For Items 13 through 18:

**IF YOUR TRANSACTION REQUEST CONSISTS OF MORE THAN ONE PAGE, ENTER THE FOLLOWING ON PAGE 1 ONLY.**

13. Type of Transaction: Enter Plan of Financial Adjustment, Controller's Receipt Correction, Claim Schedule Correction, etc.
14. Reason for Request/Legal Authority: Write detailed explanation and cite appropriate legal authority for request.
15. Authorized Signature: This represents the person certifying the correctness of the document.
16. Contact Person: Name of person to be contacted if questions need to be answered.
17. Phone Number: Phone number of contact person.
18. Date: Date the transaction request is completed.